

### General Instructions & Objectives Overview

Centers are required to report all client related services in the IPOP client and event data sets. The following information is provided to assist with some specific data set reporting and also to detail the information to be reported manually for those services that cannot be coded in the data set. Please refer to the Data Dictionary for specific service code descriptions.

The restricted mental health funding you receive may be spread to a number of projects serving children with severe emotional disabilities (SED) and some to those children without SED. Please complete the MH Financial Planning and Implementation Report (Form 117) indicating the programs and projects being supported with these funds and the corresponding amounts. Also complete the Children and Youth System of Care Application (Form 118). There should be a correlation between the system described in the Application and the programs being funded on the Spending Plan.

Due with Plan and Budget	<ul style="list-style-type: none"> <li>Form 101 – Early Childhood PBFR</li> <li>Form 114 – Early Childhood Mental Health Narrative</li> <li>Form 117 – MH Financial Planning and Implementation Report</li> <li>Form 118 – Children and Youth System of Care Application</li> <li>Form 131 –RIAC Allocation and Expense Report (Must be signed by RIAC)</li> <li>Form 141- High Fidelity Wraparound (HFW) Allocation and Expense Report</li> </ul>
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Form 117 – MH Financial Planning and Implementation Report must be submitted on a quarterly basis for all funds allocated.

Form 131 – All regions must submit the RIAC Allocation and Expense Report (Form 131) as a **planning tool** with their Plan and Budget Application and semi-annually thereafter (January and July). Each report shall be reviewed and approved by the RIAC, signed by the RIAC Chair. **Please see Form 131A for detailed instructions for this form.**

Due Quarterly	<ul style="list-style-type: none"> <li>Form 117 – MH Financial Planning and Implementation Report</li> <li>Form 101 – Early Childhood Mental Health PBFR</li> <li>Form 101 – Project SAFESPACE PBFR (Regions 13 and 14 for 1<sup>st</sup> quarter of SFY 18; Regions 1, 2, 3, and 4 for quarters 2-4 of SFY 18)</li> </ul>
Due Semi-Annually	<ul style="list-style-type: none"> <li>131 –RIAC Allocation (Must be signed by RIAC Chair)</li> </ul>

### **Instructions & Objectives for Children's Programs**

The following objectives and instructions should be used to determine what information needs to be collected to adequately report on the array of children's services that are provided in the region.

### **Early Childhood Specialist (All Regions) & HANDS Moving Beyond Depression (Regions 10, 11, 12, 13, 14, & 15)**

Please complete and submit with the Plan and Budget application and quarterly:

- Form 101 –ECMH Project Budget and Financial Report
- Form 114 - ECMH Program Narrative

Column A of the ECMH PBFR should include the center's projected expenses billed to the ECMH allocation (\$50,000) in the following areas: salary; fringe; travel; professional development; supplies; operating (please specify); administrative costs; and other.

Column C of the ECMH PBFR should include other funds allocated to the ECMH Program (e.g., other local or federal grants, state general funds, etc.). It is important that these funds are included for sustainability planning purposes. Expenditures from Column C will be reported in Column E on a quarterly basis

The Program Narrative should describe program accomplishments from the previous year, additional areas of focus for the coming year, sustainability, and how the program collaborates with the HANDS program. For regions implementing HANDS Moving Beyond Depression (MBD) information about the MBD program collaboration within the CMHC is required.

### **Therapeutic Foster Care (Regions 2, 3, 4, 11)**

Submit using Service Code 27

SAMHSA has indicated that Therapeutic Foster Care is an Evidence Based Practice (EBP) and requires that each state report data on the availability and utilization of this service and the use of this practice. (*Please see "SAMHSA's Definition below*). Centers should submit the implementation data using Service Code 27 (Therapeutic Foster Care).

*SAMHSA's Definition of Therapeutic Foster Care (TFC):* Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than traditional foster parents, and they receive extensive pre-service training and in-service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed.

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CHILD OBJECTIVES & INSTRUCTIONS

FY 2018

Questions about Therapeutic Foster Care may be directed to Christie Penn at (502)782-6183 or [Christie.Penn@ky.gov](mailto:Christie.Penn@ky.gov).

<b>Project SAFESPACE</b> <b>Regions 13 and 14 - 1st quarter SFY18 PBFR</b> <b>Regions 1, 2, 3, and 4 – 2<sup>nd</sup>, 3<sup>rd</sup>, &amp; 4<sup>th</sup> quarter SFY 18 PBFR</b>
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Please complete and submit quarterly: Form 101 –SAFESPACE Project Budget and Financial Report

Column A of the SAFESPACE PBFR should include the center's expenses billed to the SAFESPACE allocation in the following areas: personnel (staff time); travel; training; supplies; operating (please specify); and other.